

PTO/SB/22 (12-04)
 Approved for use through 07/31/2006. OMB 0651-0031
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)																		
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816))		3/400-5-C5																		
Application Number	10/828,780	Filed April 21, 2004																		
For Dermatophytosis Vaccine		Examiner Minnifield, Nita M.																		
Art Unit	1645																			
<p>This is a request under the provisions of 37 CFR 1.136(h) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$120</td> <td>\$60</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$450</td> <td>\$225</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1020</td> <td>\$510</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1590</td> <td>\$795</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2180</td> <td>\$1080</td> </tr> </tbody> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2955</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>45,016</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. <input type="checkbox"/> Registration number if acting under 37 CFR 1.34</p> <p><u>Sushri K. Pochiari</u> <u>April 5, 2005</u> Signature Date</p> <p><u>Sushri K. Pochiari</u> <u>(203) 798-5848</u> Typed or printed name Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.</p> <p><input checked="" type="checkbox"/> Total of <u>3</u> forms are submitted.</p> <p>This collection of information is required by 37 CFR 1.136(e). The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments or suggestions on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> <p><i>If you need assistance in completing the form, call 1-800-PTO-0100 and select option 2.</i></p>				Fee	Small Entity Fee	<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2180	\$1080
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<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2180	\$1080																		

DUPLICATE

PTO/SB/22 (12-04)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <small>(Pursuant to the Consolidated Appropriations Act, 2008 (H.R. 4818).)</small>																			
Application Number	Docket Number (Optional) 3/400-5-C6																		
10/628,790	Filed April 21, 2004																		
For Dermatomycosis Vaccine	Examiner Minnifield, Nita M.																		
Art Unit 1645																			
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<p><u>Susan K. Pocciali</u> <small>Signature</small></p>																			
<p>April 5, 2005 <small>Date</small></p>																			
<p>Susan K. Pocciali <small>Typed or printed name</small></p>																			
<p>(203) 798-5648 <small>Telephone Number</small></p>																			
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<p><input checked="" type="checkbox"/> Total of 3 forms are submitted.</p>																			
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<p>If you need assistance in completing the form, call 1-800-PTO-8199 and select option 2.</p>																			

TRIPPLICATE

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FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))		3/400-5-C5
Application Number	10/828,790	Filed April 21, 2004
For Dermatophytosis Vaccine		Examiner Minnifield, Nita M.
Art Unit 1645		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
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<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60
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<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02 2955. I have enclosed a duplicate copy of this sheet.		
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I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.		
<input type="checkbox"/> Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number 45,016		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.		
<input type="checkbox"/> Registration number if acting under 37 CFR 1.34		
<u>Susan K. Pochiari</u> Signature		April 5, 2005 Date
Susan K. Pochiari Typed or printed name		(203) 798-5648 Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of 3 forms are submitted.

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